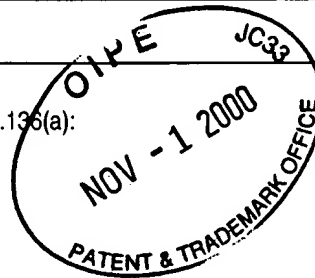


FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-378D5C		
Serial No. 08/974,186	Filing Date November 18, 1997	Examiner Campell, B.	Group Art/Unit 1632			
In Re Application of Boyle et al.						
For Osteoprotegerin						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <div style="margin-left: 20px;"> <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$390.00) <input checked="" type="checkbox"/> Three months of original due date (\$890.00) <input type="checkbox"/> Four months of original due date (\$1,390.00) <input type="checkbox"/> Five months of original due date (\$1,890.00) </div> <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. </div> <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	= 0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	***	= 0	x \$80	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$270	= 0.00
Total Additional Fee for this Amendment					\$0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. <input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers. <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Other: <u>Notice of Appeal from the Primary Examiner to Board of Patent Appeals and Interferences</u> </div> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>1,200.00</u> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: US Patent Operations/RBW Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799						
Robert B. Winter Attorney/Agent for Applicants Registration No.: 34,458 Phone: (805) 447-2425 Date: October 30, 2000						



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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

October 30, 2000

Date

Signature